

Hot Policy

May 2002 Page for Group Members

If you belong to Basic Health – a state-supported health coverage program – because you are a member of an employer group or one of the following financial sponsor organizations, this *Hot Policy Page* affects you:

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|-----------------------------|---------------------------------|----------------------------|
| ▶ El Centro de la Raza | ▶ Leah Layne Foundation | ▶ St. John Peace Health |
| ▶ Franciscan Health System | ▶ Lummi Indian Business Council | ▶ Quinault Indian Nation |
| ▶ Housing Hope | ▶ Mt. Adams Health Foundation | ▶ University of Washington |
| ▶ Jamestown S’Klallam Tribe | ▶ Port Gamble S’Klallam Tribe | Physicians |



Did you know the law requires you to report your income changes so they get to Basic Health?

The premium amount paid for your health care coverage each month is only a small portion of the actual cost of your coverage. The state of Washington pays the rest. That is why it is important for you to report changes in your income or family size to Basic Health. Please note that if you are in a financial sponsor group you need to report your changes to the sponsor. The sponsor will forward the changes and documentation to Basic Health. Because we are using funds from the state of Washington, we must verify that the income figures you have given us are correct. Basic Health may compare your income with information on file with other state or federal agencies. If the figures you provide are not correct, and have caused the state to pay a larger share for your medical coverage than you were supposed to receive, Basic Health is required to recover the overpaid amount from you. This can result in you having to pay a large amount of money back to the state. In some cases, the law allows Basic Health to collect a penalty of up to twice the amount due for past

premiums. Failure to repay this money will result in you losing your medical coverage, and having the case turned over to a collection agency.

Basic Health will be seeking repayment directly from you, not your financial sponsor or employer. If you have questions you should contact your group contact person or Basic Health.

What is your responsibility?

The new scale for income guidelines appears on the back of this page. If your income or family experiences a change (such as a marriage) that causes you to move into a different income band, you must report the change to your financial sponsor or, if you are in an employer group, to Basic Health. More information on this process can be found on the back page. To report an income change, call toll-free at 1-800-660-9840, go to our Web site at <http://www.wa.gov/hca/basichealth/forms.htm> and either download a form, or request that one be sent to your home.

The forms are also available from the back of your *Member Handbook*.

You are also responsible for responding to any questions Basic Health asks about your income. If you receive a letter that says we are reviewing your income information, and have found conflicting information in our comparisons with other agencies, please respond right away with the information we ask you to send. These requests are time sensitive and failure to respond will result in you being disenrolled. If you have not paid us enough for your medical care, the amount you underpaid will be added to your monthly premiums for the number of months that the underpayments occurred.

To better serve you, we have expanded our call center hours:
**7:30 a.m. to 5:30 p.m.,
Monday through Friday
1-800-660-9840**

This serves as official notice of changes to your Basic Health coverage, and is an addendum to your *Member Handbook*.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.


Basic Health™
1-800-660-9840

Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224.
한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

New income guidelines take effect in July billing statement

Every spring, the federal government publishes new federal income guidelines that are the basis for determining Basic Health monthly premiums. Basic Health uses these guidelines when determining eligibility and your share of the monthly cost for Basic Health coverage.

As a result of this new scale, you may be able to earn slightly more income before you have to report an income change. For some families, the revised income

guidelines mean a lower monthly premium. Your financial sponsor or employer group receives a monthly premium notice. The July premium may be different if your reported income now falls into a lower band.

If you are in a financial sponsor group and your income or family size changes enough to affect the income band you fall within, you need to report the changes to the sponsor. The sponsor will

forward the changes and documentation to Basic Health. If you are in an employer group, you must report the changes directly to Basic Health. Each month, the income we have on record for you is shown on the monthly detail report sent to your group contact. If you have questions about your current income and are in a sponsor group, you may contact your financial sponsor or you may contact Basic Health.

Gross Monthly Income	Income Table							Income Band
	Number of Persons in Family							
	1	2	3	4	5	6	7	
	\$0 - \$479.91	\$0 - \$646.74	\$0 - \$813.58	\$0 - \$980.41	\$0 - \$1,147.24	\$0 - \$1,314.08	\$0 - \$1,480.91	A
	479.92 - 738.33	646.75 - 994.99	813.59 - 1,251.66	980.42 - 1,508.33	1,147.25 - 1,764.99	1,314.09 - 2,021.66	1,480.92 - 2,278.33	B
	738.34 - 922.91	995.00 - 1,243.74	1,251.67 - 1,564.58	1,508.34 - 1,885.41	1,765.00 - 2,206.24	2,021.67 - 2,527.08	2,278.34 - 2,847.91	C
	922.92 - 1,033.66	1,243.75 - 1,392.99	1,564.59 - 1,752.33	1,885.42 - 2,111.66	2,206.25 - 2,470.99	2,527.09 - 2,830.33	2,847.92 - 3,189.66	D
	1,033.67 - 1,144.41	1,393.00 - 1,542.24	1,752.34 - 1,940.08	2,111.67 - 2,337.91	2,471.00 - 2,735.74	2,830.34 - 3,133.58	3,189.67 - 3,531.41	E
	1,144.42 - 1,255.16	1,542.25 - 1,691.49	1,940.09 - 2,127.83	2,337.92 - 2,564.16	2,735.75 - 3,000.49	3,133.59 - 3,436.83	3,531.42 - 3,873.16	F
	1,255.17 - 1,365.91	1,691.50 - 1,840.74	2,127.84 - 2,315.58	2,564.17 - 2,790.41	3,000.50 - 3,265.24	3,436.84 - 3,740.08	3,873.17 - 4,214.91	G
1,365.92 - 1,476.74	1,840.75 - 1,990.09	2,315.59 - 2,503.45	2,790.42 - 3,016.81	3,265.25 - 3,530.17	3,740.09 - 4,043.53	4,214.92 - 4,556.89	H	